FORM D			1	33323	u		OMB APP		
	OMB Number:								
RE	CEIVED	FOR ICE OF SALE		TIFS			SEC USE	ONLY	
SEP	Prefix	I	s <sub>i</sub>	erial					
NASEL QU	210 /3/20RM	<u>-</u>	DATE REC	EIVED					
Name of Offering	∖口 check if this is an ame	endment and name l	has changed, and ir	dicate change.)					
Offering of limited pa	rtnership interests of K2	Long Short Maste	r Fund, LP						
Filing Under (Check bo		☐ Rule 504	☐ Rule 505	Rule 506	☐ Se	ection 4(6)	☐ ULO	E	
Type of Filing:	□ New Filing								
		A. BASIC	DENTIFICAT	ION DATA				i i i i i i i i i i i i i i i i i i i	li
Enter the information	tion requested about the is	ssuer				-			
	check if this is an ame		as changed, and in	dicate change.		07074933			
K2 Long Short Maste	r Fund, LP						0/0/4	933	
Address of Executive C	Offices:		(Number and Stree	t, City, State, Zip Co	ide) T	elephone N	umber (Inc	luding Area C	(epoc
c/o K2 Advisors, L.L.	C., 300 Atlantic Street, 12	2 <sup>th</sup> Floor, Stamford	, Connecticut 0690	1			(203)905.	358	
Address of Principal O	ffices		(Number and Stree	" PROCES	SFIT	elephone N	umber (Inc	luding Area C	code)
(if different from Execu	tive Offices)								
Brief Description of Bu	siness: Private Inve	stment Company		SEP 2 4 2	<i></i>	) 			
Type of Business Orga	nization			THOMSO					
	corporation	🖾 limited p	artnership, already	formedFINANCIA	<b>4</b> □ othe	er (please sp	ecify)		
	business trust	☐ limited p	eartnership, to be fo	med					
	tte of Incorporation or Orgation or Orgation or Organization: (Er		Month 0 3	Year  O  State:	3	⊠ Act	tual	☐ Estimated	d
ounsaionon or incorpor	anon or Organization. (C)			r other foreign jurisdi	iction)	D	E		
OFNEDAL MOTORIO					•	\			
GENERAL INSTRUCT	IONS								

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

. 'B		A. BASIC II	DENTIFICATION DATA	A	
Each beneficial owr     Each executive office	e issuer, if the iss er having the pov er and director of	uer has been organized wi ver to vote or dispose, or d			a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, i	f individual): K2	Advisors, L.L.C			
Business or Residence Add	ess (Number and	Street, City, State, Zip Coo	de): 300 Atlantic Street, 12	<sup>th</sup> Floor, Stamford	d, Connecticut 06901
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): Dou	glass III, William A.			
Business or Residence Addr 300 Atlantic Street, 12 <sup>th</sup> Flo	,		de): c/o K2 Advisors, L.L.C	<b>.</b>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): Sau	nders, David C.			
Business or Residence Addr 300 Atlantic Street, 12 <sup>th</sup> Flo		•	de): c/o K2 Advisors, L.L.C	•	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): Joh	n T. Ferguson			
Business or Residence Addr 300 Atlantic Street, 12 <sup>th</sup> Flo		•	de): c/o K2 Advisors, L.L.C.		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	findividual): <b>K2 L</b>	ong Short Fund, LLC			
Business or Residence Addr 300 Atlantic Street, 12 <sup>th</sup> Flo			de): c/o K2 Advisors, L.L.C		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	findividual): <b>K2</b> (	Overseas Long Short Fur	nd I, Ltd.		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de): <b>c/o Maples Finance B\</b>	/I Limited, Kings	on Chambers, P.O. Box 173, BVI
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	findividual): <b>K2</b> (	Overseas Long Short Fur	nd II, Ltd.		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de): c/o Maples Finance B\	/I Limited, Kingst	on Chambers, P.O. Box 173, BVI
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual): <b>K2</b> I	nsurance Fund, LLC			
Business or Residence Addr		•	de): c/o K2 Advisors, L.L.C	i.	
300 Atlantic Street, 12 <sup>th</sup> Flo Check Box(es) that Apply:	or, Stamford, Co	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Oneck Dox(es) that Apply:		Denencial Owner	Executive Officer	☐ Director	General and/or Managing Fanner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	Has the issu	er sold, or	does the is	suer inten								☐ Yes	⊠ No	
_								lumn 2, if i	•					
2.	What is the	minimum in	vestment 1	that will be	accepted	from any i	ndividual?			***************************************	•••••	\$1,	000,000*	
3.	Does the of	erina oermi	it ioint own	ership of a	ı sinale uni	it?						⊠ Yes	□No	
	Enter the int	= :	•	-	_									
	any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
					er, you ma	y set forth	the inform	nation for t	hat broker	or dealer	only.			
Full f	Name (Last i	name first, i	f individual	)										
Busi	ness or Resi	dence Addı	ess (Numb	per and St	reet, City,	State, Zip	Code)							
Nam	e of Associa	ted Broker	or Dealer											
	s in Which f (Check "All :												☐ All States	
	L] [AK										[HI]	□ (ID)		
[II					□ [LA]						☐ [MS]	[MO]		
□ [N	IT) [NE	] [NV]	□ [NH]	[NJ]	[MM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]		
□ (F	II] 🔲 [SC	]   [SD]	□ [TN]	□ [TX]		□ [VT]	□ [VA]	□ [WA]	[WV]	[WI]	□ [WY]	□ [PR]		
Full 1	lame (Last r	ame first, i	f individual	)	•									
Busir	ess or Resi	dence Addr	ess (Numb	per and Sti	reet, City,	State, Zip	Code)							
Nam	e of Associa	ted Broker	or Dealer	· · · · ·										
Ctoto	s in Which F	lovene linte	ud Llon Coli	ا ده امطاعا	tanda ta C	aliait Dunal	h							
	Check "All												☐ All States	
□ [A	L] [AK	[AZ]	☐ [AR]	□ [CA]			□ [DE]		[FL]	☐ [GA]	[HI]	□ [ID]		
	.] 🔲 [IN]	□ (IA)	☐ [KS]		☐ [LA]	[ME]	[MD]	☐ [MA]	[M]	[MN]	☐ [MS]	[MO]		
□ [N	IT) [NE	[NV]	□ (NH)	□ [M]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]		□ [OK]	□ [OR]	□ [PA]		
☐ [F	ii] 🔲 [SC	□{SD}	□ [TN]	[XT]	[TU]	□ [VT]	□ [VA]	□ [WA]	□ [WV]	[WI]	□ [WY]	☐ (PR)		
Full N	lame (Last r	ame first, i	findividual	)								<u> </u>		
Busir	ess or Resi	dence Addr	ess (Numb	er and Str	eet, City,	State, Zip (	Code)							
Name	of Associa	ed Broker	or Dealer											
	s in Which F (Check "All S								*	• • •		····	☐ All States	
□ [A											☐ [HI]	□ [ID]		
רון ביי ביי ביי ביי ביי ביי ביי ביי ביי בי		□ [IA]			[LA]					_	☐ [MS]			
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Птв	n □ rsc													

**B. INFORMATION ABOUT OFFERING** 

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Debt.....\$ ☐ Common ☐ Preferred Partnership Interests......\$ 900,000,000 406,813,275 Other (Specify) \$ 900,000,000 406,813,275 Total..... Answer also in Appendix, Column 3, if filing under ULOE Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors Accredited Investors 406,813,275 n/a \$ n/a Non-accredited Investors ..... \$ Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. **Dollar Amount** Types of Type of Offering Security Sold Rule 505..... \$ \$ n/a n/a Regulation A..... \$ n/a **Rule 504** n/a Total..... n/a \$ n/a Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees...... Printing and Engraving Costs.... 0 52,449

Total 💮

)......

Other Expenses (identify)

52,449

4	b.Enter the difference between the aggregate offering price given in response to Part C–0 and total expenses furnished in response to Part C–0 question 4.a. This difference is the gross proceeds to the issuer."	adjusted			<u>\$</u>	899,947	7,551
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnisl estimate and check the box to the left of the estimate. The total of the payments listed m the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b.	n an ust equal					
			Óffic Direc	cers, tors &			
	Salaries and fees		<u>\$</u>	0		\$	0
	Purchase of real estate		\$	0		\$	0
	Purchase, rental or leasing and Installation of machinery and equipment		\$	0_		\$	. 0
	Construction or leasing of plant buildings and facilities		\$	0	. 🗆	\$	0
	offering that may be used in exchange for the assets or securities of another issue pursuant to a merger	er 🔲	\$	0		\$	0
	Repayment of indebtedness		\$	0		\$	0_
	Working capital		\$	. 0	⋈	<u>\$ 899</u> ,	947,551
	Other (specify):		\$	0		\$	0_
			\$	0	. 🗆	\$	0
	Column Totals	Segon 4.a. This difference is the "adjusted second 4.a. This difference is the "adjusted socieds to the issuer used or proposed to be not for any purpose is not known, furnish an ate. The total of the payments listed must equal in response to Part C – Question 4.b. above.    Payments to Officers, Directors & Payments to Officers, Directors & Affiliates					
	Total payments Listed (column totals added)			<b>★8</b>	99,94	+7 <b>,</b> 551_	-
	D EEDEDAL SIGNATU	DE					
CO	is issuer has duly caused this notice to be signed by the undersigned duly authorized pers	on, If this	notice is filed pon written rec	under Rule quest of its s	505, the	e following s	signature n furnished
	Suer (Print or Type)  Long Short Master Fund, LP  Signature			Da		ot. 13,	2007
		Advisors,	L.L.C., its Ge	neral Partn	ier		
	ATTENTION						
	Intentional misstatements or omissions of fact constitute federal	criminal	violations. (Se	e 18 U.S.C	. 1001.	)	

## **E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D
  (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Signature	Date
m of	Sept. 13, 2007
Onief Operating Officer, K2 Advisors, L.L	C., its General Partner
	Title of Signer (Phint or Type)

# Instruction:

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

•	•			АР	PENDIX					
1	2	2	3		5					
	Intend to non-ad investors (Part B -	ccredited	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Accredited Non-Accredited					
AL										
AK										
AZ										
AR										
ÇA										
co										
СТ		Х	\$500,000,000	2	\$135,506,705	0	0		х	
DE										
DC										
FL				····-						
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NV										
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NJ								<u> </u>		
NM										

				AP	PENDIX	<u>.</u>		<u> </u>		
1		2	3			4		5	1	
	to non-a investors	I to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY										
NC										
ND										
ОН										
ок										
OR										
PA										
RI										
sc										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI										
WY										
Non		×	\$500,000,000	3	271,307,200	0	\$0		Х	